

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2982	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		4181	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7716 Horatio Drive				d. STREET ADDRESS (If rural, give location) 7716 Horation Drive			
3. NAME OF DECEASED (Type or Print) a. (First) Laura		b. (Middle)		c. (Last) Delo		4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed L		8. DATE OF BIRTH Oct 20, 1870	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self		9. AGE (In years last birthday) 80		F UNDER 1 YEAR Months Days F UNDER 10 HRS. Hours Min.	
11. BIRTHPLACE (State or foreign country) Springchurch, Penn. !				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William Keeley				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Albert G. Delo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ruth Delo, 7716 Horation Drive	
ADDRESS							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Head & Pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jaundice & Senility Chronic Myocarditis INTERVAL BETWEEN ONSET AND DEATH 157X							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		157X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 24, 1950, to 12-10, 1950, that I last saw the deceased alive on 12-10, 1950, and that death occurred at 5:05A m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS 7301 Natural Bridge Rd		23c. DATE SIGNED 12-14-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/13/50		24c. NAME OF CEMETERY OR CREMATORY Salida, Colorado		24d. LOCATION (City, town, or county) (State) Salida, Colorado	
DATE REC'D BY LOCAL REG. 12/11/50		REGISTRAR'S SIGNATURE Herbert R. Tomke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROVST UND. CO., 3710 N. Grand Bl.			

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm E. Moore
7301 Nat Ridge

APR 11 1937

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed: *Albert Mayfield*

Signed.....
Student Embalmer

Licensed Embalmer No. *3077*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.